



COMMONWEALTH OF MASSACHUSETTS  
DISTRICT ATTORNEY JONATHAN W. BLODGETT

**Intern Application Form**

All questions in this application must be answered (except where optional) in order for you to be considered an applicant for an internship. Please type or print all information.

<b>Name</b>					
(Last)	(First)	(Middle)	(Maiden Name)	Home Telephone #	Social Security #
<b>Home Address</b>					
(No.)	(Street)	(City)	(State)	(Zip Code)	
<b>College</b> (Contact person)				<b>College Telephone #</b>	
<b>College Address</b>					
(No.)	(Street)	(City)	(State)	(Zip Code)	
Is this part of a clinical program for school? YES ____ NO ____			Question for 2nd & 3rd law year students only Have you applied for 3:03 Certification? YES ____ NO ____		
How were you referred to the District Attorney's Office? Self ____ School ____ Posting ____ Employee ____ If employee, please give name:					
Have you ever applied for a position at the Eastern District Attorney's Office? YES ____ NO ____ If YES, please give location and date:					
Do you have a valid Massachusetts Driver's License? YES ____ NO ____				Do you have Transportation? YES ____ NO ____	

Date(s) Available:	Length of Internship:
Check days available to work:	
Monday	Tuesday
Wednesday	Thursday
Friday	
Additional comments:	
Enter hours available to work:	
Monday ____:____ to ____:____	Tuesday ____:____ to ____:____
Wednesday ____:____ to ____:____	Thursday ____:____ to ____:____
Friday ____:____ to ____:____	
Additional comments:	

## BACKGROUND INFORMATION

Read instructions A.1. through A.6. that follow before answering question B.

A. Instructions: You are not required to furnish information about:

1. A first conviction for any of the following misdemeanors: drunkenness, simple assault, minor motor vehicle violations, affray, or disturbance of the peace;
2. A misdemeanor conviction when the date of the conviction or ending date of any period or incarceration resulting therefrom, whichever is later, was 5 or more years prior to the date of this application and you have not been convicted of any offense in the last five years. If you have been so convicted, you must report all convictions that occurred before and during the 5 year period;
3. An arrest detention or disposition where there was no conviction;
4. An applicant for employment with a sealed record on file with the Commissioner of Probation may answer no record with respect to any inquiry herein relative to prior arrests, criminal court appearances or convictions; and
5. An applicant for employment may answer "no record" to any inquiry relative to prior arrests, court appearances and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the Superior Court for criminal prosecution.

B. Have you been convicted of any criminal offense other than the exceptions listed in A. above? YES \_\_\_ NO \_\_\_  
If YES, list below each offense for which you have been convicted.

DATE	COURT	OFFENSE	DISPOSITION

Conviction of a crime is not automatic bar to your employment, all circumstances will be considered.

Are you eligible to work in the U.S.? YES \_\_\_ NO \_\_\_

NOTE: Pursuant to the provisions of the Immigration Reform and Control Act of 1986, you will be required to complete an Employment Eligibility Verification Form (I-9) and submit specific document(s) that establish your identity and employment eligibility after an offer of employment is made.

## RECORDS CHECK RELEASE

I, \_\_\_\_\_, understand that the Office of the District Attorney for the Eastern District handles sensitive and confidential information. Therefore, the Office of the District Attorney must be aware of any prior criminal offenses committed by applicants for employment. I hereby give my permission for the Office of the District Attorney to determine whether I have any such offenses.

Signature \_\_\_\_\_ Drivers License # \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

## REFERENCES

Please list 3 persons (other than relatives) whom we could contact and who are able to evaluate your **professional** knowledge and ability.

Name	Job Title	College/Company
Address		Telephone Number
Name	Job Title	College/Company
Address		Telephone Number
Name	Job Title	College/Company
Address		Telephone Number

CONSENT: I consent to verification of this information and of my references:

Signature \_\_\_\_\_

Date \_\_\_\_\_

Use this space below to complete any answer to a question asked above or to include any additional information you feel might favorably affect consideration of your application.

I understand that any misrepresentation of information on this application may be reason for immediate dismissal.

Signature \_\_\_\_\_

Date \_\_\_\_\_

The policy of the District Attorney prohibits discrimination on the basis of race, religion, color, natural origin, sex, age, marital status, disability, diagnosis of Acquired Immune Deficiency Syndrome (AIDS) or AIDS-related conditions, or sexual orientation. This policy extends to all rights, privileges, programs and activities set forth in applicable Federal and State laws.

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

